

**THIS APPLICATION MUST BE SUBMITTED TO THE
MARYLAND STATE BOARD OF DENTAL EXAMINERS
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue • Tulip Drive
Catonsville, MD 21228
(410) 402-8511**

APPLICATION FOR A CERTIFICATE OF
AUTHORIZATION FOR USE OF CORPORATE NAME

PLEASE READ ALL ATTACHMENTS PRIOR TO COMPLETING APPLICATION

IMPORTANT NOTE: COMPLETE THIS APPLICATION ONLY IF YOU SEEK AUTHORIZATION TO USE A NAME THAT IS EITHER A PROFESSIONAL CORPORATION (P.C.) OR A PROFESSIONAL ASSOCIATION (P.A.) AND YOUR SURNAME IS NOT PART OF THE NAME. FOR EXAMPLE, "NICE DENTIST, PC" WILL REQUIRE SUBMISSION OF THIS APPLICATION AND BOARD APPROVAL WHEREAS "AL JONES, P.C." WILL NOT. IN ADDITION, IF YOU WISH TO BECOME A LIMITED LIABILITY COMPANY (L.L.C.) YOU SHOULD NOT COMPLETE THIS APPLICATION, REGARDLESS OF THE NAME OF THE L.L.C.

The Applicant must submit an authorization fee of **\$150.00** with this application. Please make checks payable to the Maryland State Board of Dental Examiners. (Ann. Code of Maryland, Corporations and Associations Article, § 5-107).

(Full Corporate Name, including either P.A. or P.C.) Telephone Number

(Street and Number)

_____, Maryland
(City or Town) (Zip Code) (County)

List all office locations:

List the names of all individual stockholders with the percentage of ownership. (Percentage of ownership must equal 100%)

Name	Dental License Number	Percentage of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the names and license numbers of all non-owner registered dentists:

Name	Dental License Number	Employed Full or Part Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the names and license numbers of all registered dental hygienists:

Name	Dental Hygiene License Number	Employed Full or Part Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Corporations and Associations Article, § 5-108 requires that the applicant state “reasons for adopting.” Please state your reasons for adopting the name.

If necessary, attach an additional sheet of paper.

(Print Name)

(Date)

(Signature)